

**OFFICIAL****BEST AVAILABLE COPY**

Patent

**BEST AVAILABLE COPY** Attorney's Docket No. 004900-169**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED  
CENTRAL FAX CENTER**

DEC 17 2003

In re Patent Application of	)	
	)	
Isabelle ROSINSKY-CHUPIN et al.	)	Group Art Unit: 1642
	)	
Application No.: 09/386,850	)	Examiner: Karen A. Canella
	)	
Filed: August 31, 1999	)	Confirmation No.: 1870
	)	
For: PEPTIDES AND POLYPEPTIDES	)	
DERIVED FROM THE	)	
SUBMAXILLARY GLAND OF THE	)	
RATE, CORRESPONDING	)	
POLYCLONAL AND MONOCLONAL	)	
ANTIBODIES, CORRESPONDING	)	
HYBRIDOMAS AND USES OF THESE	)	
PRODUCTS FOR DIAGNOSIS, FOR	)	
DETECTION OR THERAPEUTIC	)	
PURPOSES	)	

**AMENDMENT AND REPLY TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.☒ Also enclosed are: Exhibits A-C and a Supplemental Application Data Sheet.☒ No additional claim fee is required.☐ An additional claim fee is required, and is calculated as shown below:

(10/03)

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Amendment and Reply Transmittal Letter

Application No. 09/386,850Attorney's Docket No. 004900-169

Page 2

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	2	MINUS 20 =	-0-	× \$18.00 (1202) =	-0-
Independent Claims	1	MINUS 3 =	-0-	× \$86.00 (1201) =	-0-
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					
<b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>					<b>-0-</b>

☐ A check in the amount of \$\_\_\_\_\_ is enclosed for the fee due.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: December 17, 2003

By: \_\_\_\_\_

Susan M. Dadio

Registration No. 40,373

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620

I hereby certify that this correspondence is being sent  
by Facsimile Transmission to the Assistant  
Commissioner For Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450 on:

Date: 12-17-03

Name: SUSAN M. DADIO

(Typed or printed name of person signing the  
certificate)

Sign: \_\_\_\_\_

(Signature of person signing the certificate)

Date: 12/17/03

(10/03)

(Date of Signature)

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FOR DIAGNOSIS, FOR )  
DETECTION OR THERAPEUTIC )  
PURPOSES )

**AMENDMENT ND REPLY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on June 17, 2003, please amend the above-identified application as follows: